Potential persons who are to respond to the collection of information contained in this SEC 1972 (6/99) form are not required to respond unless the form displays a currently valid OMB control number. ATTENTION Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption state exemption unless such exemption is predicated on the filing of a federal notice. OMB APPROVAL **UNITED STATES** OMB Number: 3235-0076 SECURITIES AND EXCHANGE COMMISSION Expires: May 31, 2002 Washington, D.C. 20549 Estimated average burden hours per response... 1 FORM D SEC USE ONLY NOTICE OF SALE OF SECURITIES Prefix Serial PURSUANT TO REGULATION D. SECTION 4(6), AND/OR DATE RECEIVED UNIFORM LIMITED OFFERING EXEMPTION Name of Offering (check if this is an amendment and name has changed, and indicate change.) Filing Under (Check box(es) that [] Rule 504 [] Rule 505 [X] Rule 506 [] Section 4(6) ULOE Type of Filing: [] New Filing [X] Amendment A. BASIC IDENTIFICATION DATA 1. Enter the information requested about the issuer 02051869 Name of Issuer (check if this is an amendment and name has changed, and indiciate change.) TransContinental Avionics Corporation Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) 13575 Watkins-California Road Marysville, OH 43040 614-873-8166 Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code) **PROCESSED** (if different from Executive Offices) MAR 2 7 2002 **Brief Description of Business** Service provider to an Internet based chain of avionics shops. THOMSON Type of Business Organization FINANCIAL [X] corporation [] limited partnership, already formed [] other (please specify): [] business trust [] limited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or October 1998 [X] Actual [] Estimated Organization:

turisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) [NV] []											
GENERAL INSTRUCTIONS											
Federal:											
Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Set $4(6)$, 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).	ection										
When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.											
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed copies not manually signed must be photocopies of manually signed copy or bear typed or printed signatures. Information Required: A new filing must contain all information requested. Amendments need only report the nathe issuer and offering, any changes thereto, the information requested in Part C, and any material changes from information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC. Filing Fee: There is no federal filing fee. State:	me of										
This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of sec in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a senotice with the Securities Administrator in each state where sales are to be, or have been made. If a state require payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany to form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix in the notice constitutes a part of this notice and must be completed.	eparate res the this										
A. BASIC IDENTIFICATION DATA											
2. Enter the information requested for the following:											
 Each promoter of the issuer, if the issuer has been organized within the past five years; 											
 Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or make a class of equity securities of the issuer; 	nore of										
 Each executive officer and director of corporate issuers and of corporate general and managing partners partnership issuers; and 	s of										
Each general and managing partner of partnership issuers.											
Check Box(es) that [] Promot [] Beneficial [X] Executive [X] Directo [] General Apply: er Owner Officer r and/or Managing Partner											
Full Name (Last name first, if individual) J. Phil McCoy											
Business or Residence Address (Number and Street, City, State, Zip Code) 13575 Watkins-California Road Marysville, OH 43040											

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

B. INFORMATION ABOUT OFFERING

No

II

No

[X]

[X]

\$500.00 Yes

1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this Yes

4. Enter the information requested for each person who has been or will be paid or given, None

2. What is the minimum investment that will be accepted from any individual?

directly or indirectly, any commission or similar remuneration for solicitation of

3. Does the offering permit joint ownership of a single unit?.....

purchasers in connection with sales of securities in the offering. If a person to be listed is

Answer also in Appendix, Column 2, if filing under ULOE.

offering?.....

an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.

Full Name (Last name first, if individual)

J. Phil McCoy

Business or Residence Address (Number and Street, City, State, Zip Code)

13575 Watkins-California Road

Marysville, OH 43040

Name		ciated B	roker or l	Dealer	The LET HAND LABOR PRINCE TO THE T		er fine of a factoring of commen					
			n Listed I check ind					Purchase	ers		[X] All St	ates
[AL] [IL] [MT] [RI]	(AK) (IN) (NE) (SC)	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY) [VT]	[DE] [MD] [NC] [VA]	(DC) [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (La	st name	first, if in	dividual))		- The state of the					
Busine	ess or Ro	esidence	Address	s (Numb	er and S	treet, Ci	ty, State,	Zip Cod	le)	CONTRACTOR SECTION	are the first term of the firs	The Control of Control
Name	of Asso	ciated B	roker or I	Dealer			-1.02(1 -2.00					
			n Listed I check inc					Purchas	ers	1	[] All Sta	ntes
(AL) (IL) (MT) (RI)	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full N	ame (La	st name	first, if in	dividual))							
Busine	ess or R	esidence	Address	s (Numb	er and S	treet, Ci	ly, State,	Zip Coo	le)	e per este de la companya de la comp ,		<u> </u>
Name	of Asso	ciated B	oker or l	Dealer	Projektivini i region se simo un	P. T. L. C. S.	Aller Comment (Aller Comment					
			n Listed i check inc					Purchase	ers	·	[] Ali Sta	tes
[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [VT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
an established		(Use b	lank sh	et, or c	opy and	use ad	ditional	copies c	of this s	heet, as	necess	ary.)
ar ev man	C	. OFFE	RING PR	ICE, NU	MBER (OF INVE	STORS.	EXPEN	SES AN	D USE C	F PRO	CEEDS
				•								

^{1.} Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box " and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.

	Offering Price	Aiready
Type of Security	\$	Sold \$
Debt	\$	\$
EquityYes	Ψ	•
Convertible Securities (including warrants)	\$500,000	\$31,500
Partnership Interests	\$	\$
Other (Specify).	\$	\$
Total	\$500,000	\$31,500
	•	•
Answer also in Appendix, Column 3, if filing under ULOE.		
 Enter the number of accredited and non-accredited investors who have purchased securaggregate dollar amounts of their purchases. For offerings under <u>Rule 504</u>, indicate the nupurchased securities and the aggregate dollar amount of their purchases on the total lines or "zero." 	imber of person	s who have
GI 2GO.		Aggregate
		Dollar
		Amount
	Number	of
•	Investors	Purchases
Accredited Investors	0	\$0
Non-accredited Investors	_2	\$31,500
Total (for filings under Rule 504 only)		\$
Answer also in Appendix, Column 4, if filing under ULOE.		
3. If this filing is for an offering under <u>Rule 504</u> or <u>505</u> , enter the information requested for issuer, to date, in offerings of the types indicated, the twelve (12) months prior to the first soffering. Classify securities by type listed in Part C-Question 1.	all securities sol ale of securities	d by the in this
	Type of	Dollar
	Security	Amount
Type of offering	Geografy	Sold
Rule 505		\$
Regulation A		\$ \$
Rule 504		\$ \$
Total		Φ
4. a. Furnish a statement of all expenses in connection with the issuance and distribution of securities in this offering. Exclude amounts relating solely to organization expenses of the The information may be given as subject to future contingencies. If the amount of an expense not known, furnish an estimate and check the box to the left of the estimate.	issuer.	
Transfer Agent's Fees	[1 \$ 0	
Printing and Engraving Costs	[] \$0	
Legal Fees	[] \$	
Accounting Fees	115 0	
Engineering Fees	[] \$ 0	_
Sales Commissions (specify finders' fees separately)	[] \$0	
Other Expenses (identify)	[] \$0 [] \$0	
· ·	[] 4	
b. Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference the "adjusted gross proceeds to the issuer."	nce is \$31,500	
5. Indicate below the amount of the adjusted gross proceeds to the issuer used or propose be used for each of the purposes shown. If the amount for any purpose is not known, furni an estimate and check the box to the left of the estimate. The total of the payments listed requal the adjusted gross proceeds to the issuer set forth in response to Part C - Question	sh nust	

above.

Amount

	Payments to Officers, Directors, & Affiliates	Payments To Others
Salaries and fees	[X] \$3000	[]\$
Purchase of real estate	[]\$	[]\$
Purchase, rental or leasing and installation of machinery	[]\$	[]\$
and equipment Construction or leasing of plant buildings and facilities	[]\$	[X] \$26,500
Acquisition of other businesses (including the value of	114	<i>[</i>
securities involved in this offering that may be used in	110	rie
exchange for the assets or securities of another issuer	[]\$	[]\$
pursuant to a merger)		
Repayment of indebtedness	[]\$	[]\$
Working capitalUtilities	[X] \$500	[]\$
Other (specify):Travel	[X] \$1,500	[]\$
	[]\$	[]\$
Admin Taka	[]\$	[]\$
Column Totals	[]\$	[]4
Total Payments Listed (column totals added)	t 1 Ψ	
D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized per	erson. If this no	otice is filed
under Rule 505, the following signature constitutes an undertaking by the issuer to furnish Exchange Commission, upon written request of its staff, the information furnished by the is investor pursuant to paragraph (b)(2) of Rule 502.	suer to any no	on-accredited
Issuer (Print or Type) TransContinental Avionics Corporation Signature	22 FEB (OZ
Name of Signer (Print or Type) J. Phil McCoy C.E.O.	and the second second second second	
ATTENTION		
Intentional misstatements or omissions of fact constitute federal criminal vi U.S.C. 1001.)	olations. (Sec	18
E. STATE SIGNATURE		ca.
	······································	ya.
Is any party described in 17 CFR 230.262 presently subject to any of the disqualification of such rule?		[X]
See Appendix, Column 5, for state response.		
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any s	tate in which t	his notice is
filed, a notice on Form D (17 CFR 239,500) at such times as required by state law.		
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon w	<i>r</i> ritten request,	, information
furnished by the issuer to offerees.		
4. The undersigned issuer represents that the issuer is familiar with the conditions that mu		
to the Uniform limited Offering Exemption (ULOE) of the state in which this notice is filed at issuer claiming the availability of this exemption has the burden of establishing that these constitutions are satisfied.		
The issuer has read this notification and knows the contents to be true and has duly cause its behalf by the undersigned duly authorized person.	d this notice to	be signed on
	ate 2/22/02	 1
Name of Signer (Print or Type) J. Phil McCoy Title (Print or Type) C.E.O.	GIG LIZZIVE	
A second contract the second contract to the		
Instruction:		

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

	Intend to s to non-acc investors i (Part B-ite	credited in State	Type of security and aggregate offering price offered in state (Part C-Item 1)	4 Type of invamount pur (Part C-Iter	5 Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No		Number of Accredited Investors	Number of Non-Accredited Investors	Amount	Yes	No
The second section is a second	Yes							
	Yes	<u></u>						
AZ	Yes			Î				
	Yes							
	Yes							
	Yes							
Augustus Company	Yes			T				
DE	Yes							
DC	Yes							
FL	Yes							
GA	Yes							
H	Yes							
The second second second second	Yes							
	Yes							
	Yes			1				
استنست	Yes							
<u> </u>	Yes							
	Yes						union	
	Yes		·					
ME	Yes							
	Yes							
·	Yes							
Contract Cons	Yes							
Sec. 12-1	Yes				 11	\$5,000		
	Yes							
	Yes							
MT	Yes							
NE	Yes							
	Yes							
	Yes							
	Yes							
	Yes		<u> </u>	!				
	Yes							
	Yes	<u> </u>						
ND	Yes			1				

ОН	Yes					
ОК	Yes					
OR	Yes					
PA	Yes					
RI	Yes					
SC	Yes					
SD	Yes					
TN	Yes					
ΠX	Yes			1	\$26,500	
UT	Yes					
VT	Yes					
VA	Yes					
WA	Yes					
W	Yes					
WI	Yes					
WY	Yes					
PR	Yes					

http://www.sec.gov/divisions/corpfin/forms/d.htm Lest update: 08/27/1999